STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		•	OMB NO. 0	PPROVE
NAME OF PROVIDER OR SUPPLIER  RAINIER SCHOOL PAT C  O(A) ID SUMMARY STATEMENT OF DEFICIENCIES PRICE AND PROVIDER CACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)  W 000 INITIAL COMMENTS  This report is the result of three Complaint Investigations (2835102, 2817793, 2806775) conducted at Rainier School will revise SOP 3.18 to include updated process for notification of vacation leave and documentation of Social and Price Included by:  RESULTIFY AND ADDADA SERVICES DIVISION  The investigation team is from:  ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45500  Olympia, Washington 98504-5600  The facility must develop and maintain a record-keeping system that documents the client's health care, active treatment, social information, and protection of the client's nights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321  BUCKLEY, WA 98321  DPROVERS PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION)  PREFIX CACH CORRECTIVE ACTION SHOULD BE CACH CACH CACH CACH CACH CACH CACH CAC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	R .	·	(X3) DATE S	URVEY
RANNER SCHOOL PAT C  SUMMARY STATEMENT OF DEFICIENCY RECATION SHOULD BE PRECEDED BY FULL RECATION OF LISC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  This report is the result of three Complaint Investigations (2835102, 2817793, 2806775) conducted at Rainier School PAT C on 05/17/13, 06/26/2013 and 07/17/2013. A sample of three residents were selected.  The investigation was conducted by:  PERSON RESPONSIBLE: DDA/DDA  Resident 1's file will be revised to include documentation Department of Social and Health Services P O Box 45600  Olympia, Washington 98504-5600  The facility must develop and maintain a recordiscepting system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HE PROPORTIATE DEPONDERS SCIP THE PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HEXA PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HEXA PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOST PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HEXA PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HEXA PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO HEXA PROPORTIATE RECATION SHOULD CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED T			50G047	B. WING		. 1	75.04.0
RAINIER SCHOOL PAT C  (M4 ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION FEGULATORY OR LSC IDENTIFYING INFORMATION)  W 000 INITIAL COMMENTS  W 000 INITIAL COMMENTS  W 000 INITIAL COMMENTS  This report is the result of three Complaint Investigations (2835102, 2817793, 2806775) conducted at Rainier School PAT C on 05/17/13, 66/26/2013 and 07/17/2013. A sample of three residents were selected.  The investigation was conducted by:  FIREN, B.S.N.  SEP 13  DSHS/ADSA/R CS/BAAU  Resident 1's file will be revised to include documentation of social land realth Services P O Box 45600  Olympia, Washington 98504-5600  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  MONTOR: DDA1  And monitoring of required notes will be review by the QIDP at record to follow policy SOP (Standard Operating)  MONTOR: DDA2  And monitoring of required notes will be review by the QIDP at record to follow policy SOP (Standard Operating)  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)	NAME OF	PROVIDER OR SUPPLIER				1 0//1// DDE	2013
PREFIX TAG  REGULATORY OR LOS IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  This report is the result of three Complaint Investigations (2835102, 2817793, 2806775) conducted at Rainier School PAT C on 05/17/13, 08/26/2013 and 07/17/2013. A sample of three residents were selected.  The investigation was conducted by:  R.N., B.S.N.  DSHS/ADSA/R CS/BAAU  Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45800  Olympia, Washington 98504-5600  W 111  The facility must develop and maintain a recordikeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Slandard Operating interviews and record reviews facility failed to follow policy SOP (Slandard Operating interviews and record reviews facility failed to follow policy SOP (Slandard Operating interviews and record reviews facility must develop SOP (Slandard Operating interviews and record reviews facility must develop and maintain a recordikeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.	RAINIER	SCHOOL PAT C			RYAN ROAD		•
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Investigations (2835102, 2817793, 2806775) conducted at Rainier School PAT C on 05/17/13, 06/26/2013 and 07/17/2013. A sample of three residents were selected.  The investigation was conducted by:  PERSON RESPONSIBLE: DDA/DDA  The investigation team is from:  ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600  Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642  W 111  The facility must develop and maintain a record/keeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)	W 000	INITIAL COMMENT	s .	W 000			
The investigation was conducted by:    PERSON RESPONSIBLE: DDA/DDA   R.N., B.S.N.   SEP 1 3 2013   MONITOR: Q   DSHS/ADSA/RCS/BAAU   O9/17/1   Resident 1's file will be revised to include documentation   O9/17/1     Resident 1's file will be revised to include documentation   O9/17/1   O9/17/1     Resident 1's file will be revised to include documentation   O9/17/1   O9/17/1   O9/17/1   O9/17/1     Resident 1's file will be revised to include documentation   O9/17/1   O9/		Investigations (2835) conducted at Rainie 06/26/2013 and 07/	102, 2817793, 2806775) r School PAT C on 05/17/13, 17/2013. A sample of three	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	Rainier School will revise SOP 3.18		
PERSON RESPONSIBLE: DDA/DDA R.N., B.S.N.  DSHS/ADSA/R  CS/BAAU  Resident 1's file will be revised to include documentation Operation of Social leave that occurred in August Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  PERSON RESPONSIBLE: DDA/DDA Operation of Social leave that occurred in August Operation of So		residents were sele	cted.	and the state of t	for notification of vaca	tion leave and docur	mentation
R.N., B.S.N.  DSHS/ADSA/RCS/BAAU  O9/17/1  The investigation team is from:  ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111 The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)		The investigation wa	s conducted by:				•
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Resident 1's file will be revised to include documentation of social leave that occurred in August National Department of Social and Health Services P O Box 45600  Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642  W 111  The facility must develop and maintain a record keeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  Resident 1's file will be revised to include documentation of social leave that occurred in August of Social leave that occurred in August PERSON RESPONSIBLE: ACM  MONITOR: DDA2  W 111  And monitoring of required notes will be revised to include documentation of social leave that occurred in August PERSON RESPONSIBLE: ACM  MONITOR: DDA2  And monitoring of required notes will be revised to include documentation of social leave that occurred in August PERSON RESPONSIBLE: ACM  PERSON RESPONSIBLE: ACM  MONITOR: DDA2  And monitoring of required notes will be revised to include documentation of social leave that occurred in August PERSON RESPONSIBLE: ACM  PERSON RESPONSIBLE: ACM  MONITOR: DDA2  And monitoring of required notes will be revised to include documentation of social leave that occurred in August PERSON RESPONSIBLE: ACM  PERSON RESPONSIBLE: ACM  MONITOR: DDA2  And monitoring of required notes will be revised to include documentation of social leave that occurred in August PERSON RESPONSIBLE: ACM  PERSON RESPONSIBLE: ACM  And monitoring of required notes will be revised to core team staff to a record requirements for staff to a record requirements for staff to a requirements for staff to a record requirements for staff to a requirements for staff to a record requirements for staf		F1.1V., L			71		
ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111 The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  The facility must develop and maintain a recording development of social leave that occurred in August of social leave that occurred in August of social leave that occurred in August PERSON RESPONSIBLE:  And monitoring of required notes will be review by the QIDP at Q review time when a social leave occurs.  PERSON RESPONSIBLE:  Document social leave in progress notes to core team staff of a monitoring of required notes will be review by the QIDP at Q review time when a social leave occurs.  PERSON RESPONSIBLE:  MONTOR: DDA2	1	The investigation tea	am is from:	PADSAIF			
Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)	į	ICE/IID Cum ou and		,	Resident 1's file will be revi	sed to include docum	rentatio
Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111 The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  MONITOR: DDA2  Lemail notification of requirements for staff to pocument social leave in progress notes to core team staff to pocument social leave in progress note		Residential Care Se	rvices Division		of social le	eave that occurred in	Augusi
Olympia, Washington 98504-5600  Telephone: 360-725-2405 Fax: 360-725-2642 W 111  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  W 111  And monitoring of required notes will be review by the QIDP at Q review time when a social leave occurs.  Q review time when a social leave occurs.  PERSON RESPONSIBLE:  DDA1  MONTOR: DDA2		Department of Social	n Support Administration Il and Health Services		PEI	RSON RESPONSIBI	E: AC
Telephone: 360-725-2405 Fax: 360-725-2642 483.410(c)(1) CLIENT RECORDS  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  Document social leave in progress notes to core team staff and monitoring of required notes will be review by the QIDP at Q review time when a social leave occurs.  PERSON RESPONSIBLE:  DOCUMENT SOCIAL LEAVE IN PROGRESS NOTES			n 98504-5600		Empli natification	O <sub>1</sub>	11/12
Fax: 360-725-2642 483.410(c)(1) CLIENT RECORDS  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  W 111  And monitoring of required notes will be review by the QIDP at Q review time when a social leave occurs.  PERSON RESPONSIBLE:  DDA1  MONTOR: DDA2	-						
The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating					Document social leave in prog	ress notes to core te	am staf
recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating)  Q review time when a social leave occurs.  PERSON RESPONSIBLE:  DDA1  MONTOR: DDA2	W 111	483.410(c)(1) CLIEN	T RECORDS	W 111		From	n DDA2
health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating		recordkeeping system that documents the client's health care, active treatment, social information,			And monitoring of required notes v	will be review by the	QIDP at
This STANDARD is not met as evidenced by:  Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating				<i>(</i>	Q review time		
Based on interviews and record reviews facility failed to follow policy SOP (Standard Operating			onom o ngrio.			PERSON RESPON	ISIBLE:
failed to follow policy SOP (Standard Operating							
	[ 1	failed to follow policy	SOP (Standard Operating			MONTOR 9	:DDA2 :Ido/:=
	JRATORY [	JIKECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	JITLE .	(X6) D	ATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FMINIEU: 08/02/2013

		AND HUMAN SERVICES			·	E.	APPROVED		
		& MEDICAID SERVICES	7			MB NO	. 0938-0391		
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		50G047	B. WING			1	C /1 <b>7/2013</b>		
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1			
RAINIER	SCHOOL PAT C				IYAN ROAD BUCKLEY, WA 98321				
(24.10	CIBBBADVCTA	TEMENT OF DEFICIENCIES	T		T		·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 111	Continued From pa	ge 1	w-	111	Doctor verbal orders writte	n for wou	ınd care while		
		it #1) when Resident #1 went ian from July 5, 2013 to				client wa	s on vacation		
	August 4, 2013. Fai	lure to follow policy SOP 3.18 for staff to have no knowledge	COOMING AND		Were listed on doctors orders and shared	with guar	rdian verbally.		
		hereabouts from lack of		D	ocumentation will occur by the RN on duty	at the time	e of departure		
	Findings include:	•	Should continued medical care be required that it was						
	-	•		Shared with the guardian.					
		7/17/13 revealed that the SOP policy reads that if a resident	Monitoring of that documentation will occur by the						
		e nights away from campus for medical, house staff are to	QIDP via Q review.						
		notes the times the client Obtain the signature of the			PERSON RE	SPONSIE	BLE: QIDP/RN		
		p the client in the Visitors '				MOI	NITOR: DDA1		
	medications at Pha Medication Record.	rmacy and the Vacation					7/1/13		
					Notification of hospital trip and	sutures v	vas completed		
	Resident #1 had fall	7/17/13 revealed that len on 06/28/13 and had							
	sustained a cut to the required stitches. Re	esident was to follow up with			by the hospital for guardian approval	of care as	client left via		
	the physician in a week and nursing were to monitor for infection. There was no				ambulance from the scene	process	of notification		
		esident #1 's file that e notified of the incident and			will continue when accessing medical	care in th	ne community		
	Resident #1 sustain stitches.	ing a laceration that required			PERSON RI	ESPONSI	BLE: Nursing		
	No documentation v	vas in the Resident #1 's				MC	ONITOR: RN4		
To your constant of the consta	progress notes to all on leave with guardi August 4, 2013. The	ert staff that Resident #1 was ian/family from July 1, 2013 to be was no documentation in oreflect who were aware of					6/28)		
		Resident #1 's wound or as							

Event ID: QZQZ11

Facility ID: WA40090

If continuation sheet Page 2 of 6

		HAND HUMAN SERVICES  E & MEDICAID SERVICES					APPROVEI . 0938-039
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT CON	TE SURVEY APLETED
		50G047	B. WING	-		Ī	C /1 <b>7/20</b> 13
	PROVIDER OR SUPPLIER			RY	REET ADDRESS, CITY, STATE, ZIP CODE VAN ROAD JCKLEY, WA 98321	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 111	Interview with the A Manager) on 07/17/ 's is a nurse would be monitoring stitches in 14 days fordered by the physical the guardian/family and had gone over and had received erresident until his ret	ACM (Attendant Counselor 7/13, revealed that Resident #1 e practitioner and the g the wound and remove the from the date of insertion as sician. ACM also stated that had met with the pharmacy the medications with them enough medications for the turn to the facility on August 5, information was documented	W 1	111			
W 128	documentation to in resident left, that m and given to the gualeave, nor that Resid to be monitoring the would be removing a physician indicated.	t #1 's file did not reveal ndicate date and time of when nedications had been reviewed ardian prior to going out on ident #1 's wound and the stitches when the .  TECTION OF CLIENTS	W 12	28			
	Therefore, the facilit free from unnecessa restraints and are pr	isure the rights of all clients.  Ity must ensure that clients are early drugs and physical erovided active treatment to on drugs and physical	The state of the s				
·	Based on observation reviews, facility failed (Resident #2) mover in his wheelchair. The	s not met as evidenced by: ions, interviews and record ed to ensure 1 of 1 residents ement was not restricted while his failure to explore and rictive practice resulted in a			W 128 Protec	tion of C	lient Rights

Event ID: QZQZ11

Facility ID: WA40090

If continuation sheet Page 3 of 6



		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	l ' '	PLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		50G047	B. WING		1	C	
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 077	17/2013	
RAINIER	SCHOOL PAT C		1	RYAN ROAD BUCKLEY, WA 98321			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 128	situation that restric created a potential resident attempt to	ge 3 ted resident 's mobility and for harm and injury should self-propel using his legs and wheelchair to tip over.	W 128	Rest	rictive Proce	edures and	
	Findings include:				MONITOR:		
	that on 05/06/13 Re wheelchair and had	d review on 06/26/13 revealed esident #2 was in his a follow-up appointment with		Resident 2 was pl	aced on PR	05/29/13 ! O status and	
	attempted to transp	n (Staff C). When Staff A ort Resident #2 to the clinic		Ad Hoc was held to	review resi	dent 2 needs	
	s foot would fall off	, she noted that Resident #2 ' the foot rest of the wheelchair theelchair potentially causing			and	provide clear	
	an injury if residents	s foot got caught, therefore		direction for	direction for staff with PT and PCF		
	gait belt so that Res	dents legs together using a sident #2 's legs would not fall aff D stated in her interview on		PERSO	N RESPON	ISIBLE: HPA	
	06/26/13, that Staff place, however Staff	D did not see the gait belt in ff D did note that the gait belt			MON	ITOR: DDA2	
477	had been being use the foot rests to pre	ed by strapping the gait bett to vent Resident #2's feet from		Staff A received an Oral Reprimand and in	n-servicing	06/03/13 on SOP 3.12	
ALL MATTER CONTROL OF THE CONTROL OF	falling back through the foot rests and potentially causing an injury.			Sue of Restrictive Procedures			
-				Equipment and Mechanical Supports			
		6/26/13 revealed that d 5 falls with injury out of his			for using protective		
	wheelchair between	09/20/12 and 05/26/13 and overall mobility status. Per		Restrictive procedures without du			
	the Facility Investiga	ation report Staff B stated that sing a gait belt on Resident		PERSON	RESPONS	IBLE: DDA2	
	#2's wheelchair for	months due to a broken been observed 2 times by			MON	IITOR:DDA2	
	Staff B on 05/06/13 attempting to take Resident #2 to the clinic for his appointment when his right foot would fall off the footrest and fall under the wheelchair. Staff A then placed the gait belt				it in the second	06/13/13	

Event ID: QZQZ11

Facility ID: WA40090

If continuation sheet Page 4 of 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

CALCULATION OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED 50G047 B. WING 07/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **RYAN ROAD** RAINIER SCHOOL PAT C **BUCKLEY, WA 98321** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** m (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 128 Continued From page 4 W 128 around the resident calf 's to secure his legs in order to get him to the clinic. When Resident #2 arrived at the clinic accompanied by Staff A, the restraint was identified by Staff C (Physician) who notified all the proper authorities. 483.420(d)(2) STAFF TREATMENT OF CLIENTS W 153 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. W 153 Staff Treatment of Clients This STANDARD is not met as evidenced by: Rainier School will continue to report Based on interviews and record review the facility failed to ensure staff reported an Any allegations of neglect, mistreatment or abuse allegation of physical and verbal abuse for 1 of 1 resident (Resident #3) to facility management and to the administrator/facility the State Complaint Resolution Unit (CRU) timely. Failure to make timely reports prevents or to other officials in accordance with State law the facility and State Investigative Agency from having immediate knowledge of an incident, through established procedures. which places the resident at further risk of abuse. Staff F was instructed to report immediately all instance of Findings include: allegations of abuse and neglect by area director. Record review on 06/26/13 revealed that on Rainier School will provide yearly in-service training on 05/26/13 there had been a complaint from a community member that Staff E had been Abuse and Neglect reporting emphasizing the importance physically and verbally abusive toward Resident #3 while resident was in the ER (Emergency Of reporting immediately. Room) waiting room waiting to go back into a room to be seen by a physician. PERSON RESPONSIBLE: DDA/DDA2 Community member stated during a phone interview on 07/01/13 she felt that the Staff E was MONITOR: ADMIN overwhelmed and didn 't quite know what to do 08/01/13

FORM CMS-2567(02-99) Previous Versions Obsolete

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		AND HUMAN SERVICES		en e		APPROVED
		& MEDICAID SERVICES	Y		OMB NO	). 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	CO	TE SURVEY MPLETED	
	:	50G047	B. WING		- 1	C /1 <b>7/2013</b>
NAME OF F	PROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE		
RAINIER	SCHOOL PAT C		1	RYAN ROAD BUCKLEY, WA 98321		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 153	with Resident #3 will Community member hitting and spitting a himself on the floor that Staff E appears #3 's chest, Staff E's and Staff E's and rying to prevent Rethe chair. Commun went outside and caworked at the facility person was unable was new the facility approximately six member that Staff facility. The communimpression that Staff facility investignotified her supervisand was told that stincident report at the	while he was having behaviors. Her stated that Resident #3 was at Staff E and trying to put an arm on Resident E is legs against Resident #3 im on Resident #3 im on Resident #3 is thighs esident #3 from going out of hity member stated that she halled her friend (Staff F) who try, but stated that Staff F is to provide any help. Staff F is and had only been there months and told the community F did not have a number to the unity member was under the laff F would report this incident F went to work (Staff F did not 05/28/13 as 05/27/13 was a gative report shows that Staff F isor the morning of 05/28/13 he needed to initiate an	W 153	, , , , , , , , , , , , , , , , , , ,		
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